

THE MEDICAL NEWS AND LIBRARY.

VOL. II.

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CLINICS.

WILLS HOSPITAL.

Service of Dr. Hays.

Patients in the house on the 1st of November,	24
Admitted, during the month,	13
Discharged	—37
Remaining in the house, males,	17
“ “ females,	9
Operations during the month.	—26
For artificial pupil,	5
“ cataract,	3

JNO. CURWEN, Resident.

PHILADELPHIA HOSPITAL.

A report of five cases of Cancrum Oris, occurring in the Children's Asylum, attached to the Philadelphia Alms House. Read before the Pathological Society of Philadelphia, Dec. 11, 1843. By GEO. N. BURWELL, M. D., Resident Physician.

Case 1. William Welch, aged three years, died of cancrum oris, Oct. 21, 1843. He had had diarrhœa for a year, and was consequently greatly emaciated and very feeble. The last three months, had but little medical treatment; great attention however was paid to nursing him.

The cancrum oris commenced about October 1, but supposing it to be a sore mouth

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merely, I directed a wash of borax and Tr. myrrh. He had used this but four or five days, when I became sick, and did not see him for a week.

Oct. 17, when I next saw him, the disease had advanced considerably, and many of the teeth were out. The physician who had had him in charge touched the gums two or three times with lunar caustic, which not appearing to arrest the disease, I used the sulphate of copper, first in crystal and afterwards a solution of it in honey, fifteen grains to the ounce. The disease was then extending up the alveolar processes of the upper jaw, separating entirely the central attachments of the upper lip. Having thus established a communication between the mouth and the nostrils behind the gums, mortification commenced in the columnæ and alæ nasi, extending principally to the upper lip, and also to the tip of the nose and the cheeks. Great tumefaction of the lip preceded this, and the odour was almost insupportable without the constant and free use of the solution of the chloride of soda. On the 21st he died. I attempted to give him tonics and stimulants, but they increased the derangement of his bowels. For the last two or three days he was exceedingly fretful, and refused nearly all kinds of nourishment.

Case 2. James Patten, aged three years, died of cancrum oris, Oct. 24, 1843. Had been in the Infirmary about six weeks with diarrhœa, was emaciated and of an exceedingly delicate appearance; the diarrhœa had proved obstinate, was complicated with more or less fever every day, thirst, anorexia, and also with prolapsus ani. The cancrum oris commenced a day or two later than in the above case. In other respects they were precisely similar. The gums bled easily, were spongy, and separated from the teeth by a line of white matter coming from the linear ulceration of the gums at the place they had been attached to the teeth. There was the same black appearance of the neck of the teeth which gradually extended up their fangs and thence to the alveolar processes, followed by great swelling of the lip, and a communication between the mouth and nostrils, a sanious very fetid discharge from the nostrils, and mortification commencing in exactly the same place, and death.

No post-mortem was made in either of these cases, their mothers being present when they died, and attending personally to their burial.

Case 3. Charles Palmer, aged two years and seven months. Has had chronic hydrocephalus almost from birth, and several times at the point of death. He has a peculiar dull, sad countenance, so characteristic of cerebral disease—never been able to walk alone. His gums (of both jaws) have been in a bad condition for a year, and at this time, Oct. 26, are getting worse; they bleed much, the teeth are loose, with the black appearance about their necks, gums ulcerated where they were attached to the teeth, breath very fetid.

The treatment consisted in the extraction of the incisor teeth of both jaws, and the application to the gums once a day of the Tr. ferri chloridi. Internally he took half a grain of the sulph. quinia in solution three times a day for ten days, and then three drops of the iodide of iron three times a day in two teaspoonfuls of the syrup of sarsaparilla; had also warm salt baths three times a week. No diarrhœa or other derangement of the bowels supervened.

Nov. 11. The gums have entirely healed over and appear sound and healthy—discharged cured.

Case 4. John Young, aged three years and six months, was brought into the infirmary about the middle of October, from the nursery attached to the asylum. Had been noted there for his dulness, never entering into the plays of the other children, but would sit nearly all the time in his little rocking-chair with his head leaning on his arm, without noticing any body or any thing, and crying if disturbed. His appetite was only moderately good, bowels regular, skin sallow, eyes inexpressive and dull. On examination he was found to have cancrum oris, as in the cases already described. The front teeth of the upper jaw were loose, their necks blackened, the gums ulcerated and bleeding on the slightest touch, breath very fetid.

He was directed warm salt baths three times a week, a good diet, and a grain of the sulphate of quinia three times a day; the loose teeth were extracted, and the Tr. ferri chloridi applied to the gums.

After two or three days, finding the ulceration extending, the solid nitrate of silver was applied freely once. In a few days more the alveolar processes began to be exposed. They were perfectly necrosed, including the entire sockets of the teeth. The upper lip then began to swell as in the two

cases which died, and the breath became still more offensive. His bowels, however, remained in a good condition, and the sulphate of quinia was well borne. Nevertheless, the prognosis appeared bad for a few days, until the swelling of the lip began to disappear. All this time the *Tr. ferri chloridi* was applied freely once a day around and into the sockets of the teeth. A solution of the nitrate of silver, twenty grains to the ounce, was twice applied during the last of the second week of October.

Nov. 14. The saturated solution of the sulphate of copper was applied once, and the next day on touching the blackened bones with the finger, they were found to be loose and immediately afterwards extracted with the forceps. The processes of two teeth came out entire, and a part of a third. The gums immediately closed over the teeth, and united in all except one place, which continued to discharge, suggesting the opinion that a portion of the necrosed bone still remained. This was found to be the case, and the piece removed a week afterwards, when it could be easily got at. The place not yet healing up, search was made for another piece, which was removed in four or five days more, and proved to be the new tooth which was intended to supply the place of the first one. It was loosened from its attachments, and the enamel of its lower end showed signs of necrosis.

Nov. 27. The child's health has greatly improved, he is more fleshy, is lively, plays all day long with the other children, and has lost the name of "the old man in the corner."

Case 5. Joseph Lilly, aged three years and five months, a feeble, delicate child, was sent during the last week of October from the nursery to the infirmary, with a swelled face. The swelling was confined to the left side, and on examination was found to proceed from a number of ulcers occupying the inner side of the cheek, opposite the molar teeth of the lower jaw, the gums not being affected.

There was one ulcer about the size of a half-cent piece, and three or four much smaller ones about it. These all had a hardened base, and were covered with a dirty grayish granular matter or slough. They were not painful, had not the common signs of inflammation, neither was there fever. The child's appetite was moderately good, and its bowels regular.

The solid nitrate of silver was freely ap-

plied on two successive days, then followed for three or four days with the *Tr. ferri chloridi*, and then again the caustic was applied, and was thus used four or five times. It had the disadvantage of destroying the appetite after each application. These were the only local remedies used. The general remedies were as in the other cases, the warm salt bath, and the solution of quinia, half a grain three times a day, and afterwards three drops of the iodide of iron, in two teaspoonfuls of the syrup of sarsaparilla three times a day.

The ulceration was cured about the 10th of November, and all the swelling and induration gone. The iodine was continued ten days longer, when he was finally discharged.

Remarks.—The above cases exhibit two distinct forms of *cancrum oris*, one attacking primarily the hard or bony structures, and the other the fleshy tissues. I do not remember ever having seen any description of this first variety, except that by Dr. Coates, all the common accounts of the disease referring to the second variety.* I propose therefore to append a few remarks to the cases above given descriptive of this form of the malady.

There are two distinct stages of this variety; the first, as in the case of Palmer, where the teeth alone are attacked, and the second where the disease proceeds to the jaw-bones, as in the cases of Welsh, Patten and Young. Its course seems to be as follows:—There is first a sponginess of the gums, they bleed easily and are everted and separated from the necks of the teeth by a line of whitish matter. Simultaneously with this if not prior to it, a black line is found on the teeth at the place the gums were attached to them—this line is rough, and appears to be a necrosis of the enamel. From this line the disease extends to the roots of the teeth, destroying their attachments with the alveoli, and unless removed by the physician, causing their spontaneous separation from their sockets. From the teeth the affection extends to the alveolar processes, and thence to the body of the bones, being in fact a true necrosis. The upper lip swells greatly, the fleshy tissues all separated from the bones whenever they became diseased, and as in these cases forming a connection between the mouth and the nose under or behind the gums. A thin,

* [Dr. S. Jackson has also described it, in his valuable paper on *Gangrenopsis* in the *Medical Recorder* for July, 1827.—ED.]

sanious, acrid and very fetid fluid discharges from the nose and mouth, and the breath becomes intolerable. Finally, with symptoms of great constitutional irritation, gangrene attacks the gums, lips and alæ nasi, which had previously been detached from the bones. In the cases of Welsh and Patten, the gangrene commenced first in the alæ and columnæ nasi, and thence extended to the surrounding parts, principally to the upper lip, and death supervened before the separation of any portion of the slough, and, what was not here to be expected, before the formation of a line of demarcation.

From the observation of these cases, I am strongly of the opinion that this variety has its principal seat at least in the bones, and that the affection of the soft parts is only secondary. Certain it is, that it was not until the free detachment of the flesh from the upper maxillary bones that the gangrene commenced, while what ulceration there was commenced and had its seat in the soft parts lying next to the bone, and proceeded from thence outwards. Another point worthy of notice is, that this ulceration had not the induration surrounding it which was so marked about the ulceration of the cheek in the fifth case. It would be interesting to ascertain whether the cause of the necrosis was not some affection of the periosteum.

The prognosis in this disease is always grave, and when supervening upon a chronic and still existing diarrhœa, it is most particularly so. It has been seen that both of the cases died where this complication existed, and had the diarrhœa supervened in either of the other cases, so as to have forbidden the use of the sulphate of quinia, they also would probably have died.

Other things being equal the prognosis is much less grave in the first stage than in the second. If the teeth be extracted early, before the disease has extended to the alveoli, and the child bears the exhibition of tonics, the affection will probably be easily arrested. This is shown in the third case. But if the alveoli are once attacked, and the upper lip begins to swell, the life of the child is in imminent danger, and if cured, the case must necessarily be tedious, for you have to wait for the separation of the necrosed portions of bone and their removal. In the three cases where the disease advanced thus far two died, and one, the fourth case, recovered with the detachment of the alveolar

processes and the loss of one of the second set of teeth.

The liability of the disease, in this epidemic at least, to attack the upper teeth is to be remarked. In one case only were those of the lower jaw affected.

The treatment is well settled—the *early extraction* of the teeth, and the use of astringent washes as local remedies, and the exhibition of the sulphate of quinia, followed by some of the preparations of iodine, with mild laxatives occasionally, as the aromatic syrup of rhubarb, a good diet and the use of warm salt baths. Great care ought to be taken that the bowels be kept in a good condition, and especially to guard against the occurrence of diarrhœa.

Of the local applications, I was very well satisfied with the *Tr. ferri chloridi*; it acted admirably whenever applied.

The use of the sulphate of copper in crystal, or of the solid nitrate of silver after the disease has proceeded to the alveolar processes, can be of no advantage, from the impossibility of applying them effectually.

U. S. NAVAL HOSPITAL, BROOKLYN, N. Y.

W. S. W. RUSCHENBERGER, M. D., Surgeon. SILAS HOLMES, M. D., Assistant Surgeon.

Admissions during the month of October, 1843.—Continued fever, 1; Intermittent do. 2; Remittent do. 1; Chronic rheumatism, 1; Acute rheumatism, 2; Aphonia, 1; Inguinal hernia, right side, 1; Varicocele, 1; Hydrocele, 1; Fistula in ano, 1; Erysipelas, 1; Ophthalmia, 2; Neurosis, 1; Caries of humerus, following amputation, 1; Syphilis (eruption and sore throat), 3; Do. chancre, 3; Do. bubo, 4; Ulcer of leg, 3—Total, 30.

Discharged for duty.—Stricture, 1; Fistula in ano, 1; Remittent fever, 2; Dysentery, 1; Rheumatism, 1; Chancre, 2; Aphonia, 1.

Discharged from naval service by their own request.—Erysipelas, 1; Variocoele, 1; Ulcer, 1—Total 12.

Admissions during November, 1843.—Continued fever, 2; Remittent do. 2; Intermittent 1; Functional affection of the heart, 1; Phthisis, 2; Acute rheumatism, 5; Bronchitis, 1; Scabies, 1; Syphilis (eruption and sore throat) 1; Do. chancre, 5; Do. bubo, 1; Stricture 2; Fracture of ribs, 1; Penetrating wound of eyeball, 1; Ophthalmia, 3; Ulcer of leg, 5—Total, 34.

Discharged for duty.—Remittent fever, 1; Remittent, 1; Bronchitis, 1; Scabies, 1; Syphilis (chancre and bubo), 1; Stricture, 1. Discharged from naval service by their own request, relieved.—Ulcer of leg, 3; Paralysis, 1—Total, 10.
Died, (Enteritis) 1.

MEDICAL EDUCATION AND INSTITUTIONS.

Medical Service in the Navy. No. 5.

WE have already described the nature of the examination to which candidates for admission into the navy as assistant surgeons are subjected; it will be perceived that a very ignorant man cannot, by any chance, obtain a commission, if the board honestly discharges its duty to the government and to society. What is the value of a commission which requires so much knowledge to obtain?

The money-value (the standard by which almost every thing is measured by a commercial people) of an assistant surgeon's commission in the navy is as follows:

When employed in the United States, at a shore station, in a hospital or navy yard, the annual salary is \$950:

When employed in a vessel of war, in sea service, \$1023: and

When "waiting orders," or on "leave of absence," \$650.

The terms "waiting orders" and "leave of absence," in fact are synonymous; in both cases the individual is not permitted to change his residence without the knowledge of the Secretary of the Navy, and is expected to be constantly in readiness for duty, either ashore or afloat, so that he is effectually debarred from engaging in any pursuit likely to result in pecuniary advantage.

It must be constantly borne in mind, there are no perquisites of any kind whatever, and the salaries above stated include rations and all that an assistant surgeon in the navy can receive from the government under any circumstances, except an allowance of ten cents per mile when travelling under orders by land, where a government conveyance is not provided.

To correctly appreciate the value of these salaries, we must consider what expenditures are required, and the average salary for five years, the period which assistant surgeons serve before they are advanced to another grade.

The expense of food, commonly called the

"mess-bill," and the cost of uniform clothes, besides an extra quantity of "linen," are the heaviest items of expense. Apparel of all kinds is required in larger quantity, and, from exposure on board ship, is less durable than in civil life, and for this reason requires to be more frequently renewed. The outfit of an assistant surgeon, including as it does sword and fixtures, cocked-hat, full and undress coats, vests and pantaloons, two or three dozen shirts, &c., will cost not much less than three hundred dollars to begin with, and perhaps a hundred dollars or more a year will not be too large an estimate to keep it in order, to supply loss and wear and tear. After paying his personal expenses there is very little left for books, or "to invest" for profit. In a word, the pay and emoluments are barely enough to support an unmarried man in the position which an assistant surgeon in the navy is expected and ought to occupy; and if there be a wife and family also to provide for from the same source, even the most exact economy will not save the officer from debt, the most harassing of all the ordinary annoyances of life to an honourable mind.

"Taking the ordinary run of service for five years, sea and shore duty, and a short leave of absence (after a three year's absence from home) the average annual pay of an assistant surgeon will be about \$930, but no more."*

Perhaps the average age at which assistant surgeons commence their career in the navy is twenty-three, consequently, the average age at which they become eligible for examination for promotion is twenty-eight, so that the flower of life is spent, with five years arduous labour, exposed to every variety of climate, to the vicissitudes of sea-life, and its privations, to say nothing of long separation from family and friends, and the reward is only food and raiment for the time. But, it may be said, "Surely the prospect is better after the second examination?" We will state the case, and let every one draw his own conclusions.

At the expiration of five years, according to the present law, assistant surgeons are eligible to examination, and if it suit the convenience of the Navy Department, they are examined. But it often happens that the second examination is not had till the end of six or even seven years. The second

* Medical Examiner, p. 92—April, 1843.

examination, which is for promotion, is not less scrutinizing than the first, and to pass it creditably the candidate must have been daily studious and observing under many disadvantages, during the whole period of his service: and what is germane to our subject, he must have spent some money for medical books. If found qualified for promotion, he becomes a "passed assistant surgeon," and his pay is increased, but his duties remain the same. Passed assistant surgeons receive annually, when on leave of absence or waiting orders, \$850; when employed in a hospital or navy yard, \$1150; and when at sea, \$1273, all allowances and perquisites included. In this grade they remain three or four years longer, on an average, before they are promoted to be surgeons.

At the age say of thirty to thirty-five years the medical officer becomes a surgeon in the navy, and receives an annual pay of \$1000 on leave of absence, \$1250 when employed on shore, and \$1406 when at sea. And this is his whole pay and emolument for five long years, at the expiration of which it is again increased, to \$1200 on leave, \$1500 on shore duty, and \$1673 at sea. At the end of every five years the pay is increased in the same ratio until the surgeon's commission is upwards of twenty years old, the surgeon himself has served twenty-eight or thirty years, and the man has more than fifty winters on his head. Then he has reached the highest pay, which is, on leave \$1800, on shore duty \$2250, and if at sea as surgeon of the fleet \$2773, for the time he is so employed. And to crown all, should he be so fortunate as to be selected as the chief of the Bureau of Medicine and Surgery, he can reside at Washington and receive \$2500 a year while working very hard, and bearing no little unpleasant criticism, perhaps.

Is it possible that the profession of medicine is so lowly appreciated in the United States, that highly qualified physicians cannot do better than pass their lives labouring for so little? Such *seems* to be the truth, though we are not prepared to admit that a well educated practitioner cannot make, at the end of twenty years, much more annually than his services command, either in the navy or army. Were it not from necessity, the fact that the profession of medicine, like every other but perhaps in a greater degree,

requires a money-capital besides professional ability to be profitable, it is questionable whether there would be a well educated physician either in the navy or army.

The situation of a surgeon in the navy except in some rare instances, is no sinecure, as may be readily understood from the simple fact, that the average sick in ships of war is six per cent. of the crew. There are four naval hospitals in which the average number of sick is one hundred. At two of these hospitals the surgeon receives \$2250, at the third, the surgeon's pay is \$2000, and at the fourth \$1750, their respective salaries depending upon the age of their commission as surgeon. May we not ask whether \$1750 per annum, or \$2000, or \$2250, is a compensation for managing a hospital and daily prescribing for a hundred patients, writing journals and reports, (any one of which reports a lawyer would not write for a less fee than ten dollars,) besides performing surgical operations as occasion may require? No professional man will answer, yes! And yet the government expects all this work to be well and creditably done, and pay no more! But this same government is more generous to its other servants, as we shall see when we come to contrast the salaries paid to other classes in the navy.

Before taking leave for the present, we will remark, that the number of medical officers now in the navy is not enough to discharge the duty required; the consequence is, that the individuals composing the medical corps have scarcely any relaxation from constant duty; and we need not tell the profession that the wear and tear of body and mind is not inconsiderable when a large practice demands constant attention. The number of medical officers in the navy ought to be doubled.

Besides the inadequacy of the pay to the service performed, there are some other considerations which very much lessen the value of a medical commission in the navy; but these we shall reserve for the next number.

Since the above was written, we see that the Secretary of the Navy, in his annual message, has recommended congress to assign an assimilated rank to medical officers in the navy, similar to that held by medical officers in the army. Whether congress will act upon this very proper recommendation, remains to be seen.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Influenza.—This epidemic has been very extensively prevalent in Philadelphia during the past month.

Its character was different from that of the preceding spring, (see No. for July last, p. 86,) being less threatening in its outset, more protracted in its course, and much less promptly influenced by remedies.

In many cases the disease has presented the ordinary phenomena of catarrh; but in a small proportion the attack was severe, and attended with much febrile action. The fever was in some cases intermittent; commencing with slight chilliness, increasing occasionally to marked rigors, and continuing for five or six hours, followed by fever of equal duration and terminating by perspiration. Thus the paroxysm often commenced in the evening, continued until bed-time, when the fever came on, and which lasted until near daybreak, accompanied with distressing insomnia. There was in these cases very severe pain in the eyes, extending sometimes over the head; great soreness of the skin, and severe pains in the bones. The catarrhal symptoms were often slight in the beginning, but by the third or fourth day they sometimes acquired considerable severity and severe bronchitis was established with very profuse muco-purulent expectoration.

The disease in mild cases ran its course in five or six days, but in the more severe it was protracted to two or three weeks, and even then left a chronic cough.

In a few cases the detraction of blood was required, and in those in which we resorted to it, was well borne; but we are told by some of our friends that in other instances this was not the case. The pains in the eyes and head were generally relieved by smart purging. The febrile paroxysm was moderated by small doses of neutral mixture; the cough allayed by opiates alone or combined with expectorants, of which the best was the ipecacuanha in some form, and advantage was also sometimes derived from some counter-irritation over the chest or a warm poultice. Perseverance in these measures, with a restricted diet, and drinking freely diluent and warm drinks, conducted the case to a favourable termination.

FOREIGN INTELLIGENCE.

Galvanoplasty applied to the preservation of animal bodies.—Dr. SOMME, of Antwerp, communicated to the Royal Academy of Sciences of Brussels, July 8th last, a new means of preserving bodies, which he asserts to be superior to any known means of embalment. It consists in covering the object with a very thin layer of metal, as copper, silver or gold, by a galvanic process. The form of the body, the smallest fold of the skin, the features, are all represented. Some anatomical preparations made by M. Michiels, of Antwerp, were exhibited to the society.—*La Lancette Française from Bull. de l'Acad. des Sci. de Bruxelles.*

Supernumerary mammae in the axillæ.

—Mr. Dixon records the following example of this:—"Mrs. H., aged 44, the mother of eight children, having informed me that she had lumps under her arms which gave milk, I obtained leave to inspect them, and found, in the centre of each axilla, a tumour of about the size of an egg, that on the right side being somewhat larger than that on the left. Each tumour had the feel of a mammary gland over the surface, and was raised from one and a half to two lines. Above it were irregularly-distributed small prominences, from each of which, when compressed, there issued milk. There did not exist any areola. She first noticed them after the birth of her second child, and attributed their origin to having caught cold. When she became pregnant with each succeeding child she found that the tumours increased in size in proportion to the development of the true mammae, and maintained the same dimensions during lactation, after which they again subsided to their original bulk, viz., that of walnuts. When the draught comes into the true breasts it does so also into these axillary tumours, and then the latter become distended, and milk issues from each little papilla, which is furnished with a single orifice for its escape."—*Lancet*, Sept. 9, 1843.

Leech in the nasal fossa.—A soldier who had been serving in the French army in Africa, on returning to France became subject to intolerable headache with frequent epistaxis. This continued for some time, and the nose was always full of large clots of blood. At length, one day on blowing his nose with more than ordinary force, a

clot of considerable length was half expelled through one of the nostrils, and afterwards wholly removed by the fingers. It proved to be a leech of large size, gorged with blood. From the time of its removal the previous symptoms disappeared. The man recollected that he had one day in Africa drunk of a rivulet in which some leeches had been seen; and doubtless at this time a small leech had entered his mouth, and made its habitation in the nasal fossa, as nearly from the same period the patient dated the commencement of his headache and other symptoms.—*Gaz. des Hôpitaux*, Jan. 17.

Statistics of amputations.—On 31 amputations performed by M. Jobert de Lamballe, at St. Louis, this skilful surgeon only lost 7 patients. Of this number, 11 were amputations of the thigh, 5 deaths; 6 of the leg, 2 deaths; 4 partial amputations of the foot; 3 of the arm; 3 of the forearm; 3 amputations of the shoulder joint; and 1 resection of the olecranon. The amputations of the fingers were numerous, and invariably successful, though Professor Velpeau says the deaths are 1 in 3 or 4 patients, and considers it as dangerous, as that of amputation of the arm. The result offered by the foregoing table is far more favourable than that presented by M. Malgaigne, who says that in amputation of the thigh, two-thirds of the patients die, and in that of the leg, one half. On 9 cases of amputation at the shoulder joint, M. Jobert de Lamballe lost only 2 patients.

The complications were frequent; the most to be feared, were hospital gangrene and erysipelas. In mild cases of the former, the wound was cauterized with the nitrate acid of mercury, or dressed with lint steeped in lemon-juice; in 7 cases, actual cautery was needed. In cases of the latter, as soon as the least redness appeared, the part was covered with simple ointment containing a few grains of nitrate of silver.

The method employed by M. Jobert de Lamballe in operating, is the flap operation; because, he says, it is performed more speedily, and with less pain to the patient. In the amputation of the leg (which he performs, if possible, just above the ankle) the posterior flap is the larger, the anterior descending only $2\frac{1}{2}$ centimetres below the bone; by this method of operating, the cicatrix is situated on the anterior part of the leg, and the bones find under them a thick cushion formed by

the posterior flap. All the above-mentioned amputations of the leg were performed after this plan, and the number of deaths seemed to prove, that it is less dangerous than that performed in the ordinary place. The flaps are held together by means of pins and the twisted suture; and the different fluids flow freely out between the pins and at the lower part of the wound. After an interval of a few days, the pins are removed, and the wound kept united by strips of sticking plaster. Sometimes the inflammation created by the pins may threaten to destroy the parts kept in contact by the twisted suture; in such cases the pins must be removed, and it is rarely followed by any inconvenience, the adhesion being nearly formed. All the arteries, even the smallest, ought to be tied. The wound must be dressed the day after the operation, and after that the stump must be covered with cloths dipped in a cold decoction of the malva sylvestris.—*Medical Times*, Aug. 26, 1843.

Improved adhesive plaster.—M. MILLE, a pharmacist of Bourges, extols as forming the best adhesive plaster a mixture of the "emplâtre diachylum gomme" of the French codex, with a solution of caoutchouc in turpentine, in the proportion of 500 parts of the former to 20 of the latter.—*Journ. des Connaiss. Med.*, July, 1843.

Anisodus lucidus of Linck.—This plant, which is a native of Nepaul, Dr. LEJEUNE states possesses greater power of dilating the pupil than the belladonna; in fact dilating the pupil to such an extent as to produce temporary blindness, which however ceases soon after its application is discontinued.—*Gaz. des Hôpitaux*, Aug. 22, 1843.

Middlesex Hospital—resignation of Dr. Watson.—The private practice of Dr. Thos. Watson no longer permitting him conscientiously to occupy the post of physician to the Middlesex Hospital, his retirement from that institution has been formally notified.—*Lancet*.

Subscribers will please note that,—the first Lecture of Professor Watson ends on page 8, and that the second commences on page 17. This error of the printer has occasioned many inquiries. There is no omission of a Lecture, as has been supposed.